United Nations DP/FPA/2008/5 (Part I)

Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund

Distr.: General
14 May 2008

Original: English

Annual session 2008
16 to 27 June 2008, Geneva
Item 2 of the provisional agenda
UNFPA – Annual report of the Executive Director

UNITED NATIONS POPULATION FUND

REPORT OF THE EXECUTIVE DIRECTOR FOR 2007: ACCELERATING PROGRESS AND NATIONAL OWNERSHIP OF THE ICPD PROGRAMME OF ACTION*

Summary

This report focuses on the major initiatives undertaken by UNFPA in 2007, the results and progress achieved and the challenges encountered in assisting countries in implementing the Programme of Action of the International Conference on Population and Development (ICPD), under the overarching goal of supporting nationally led and nationally owned efforts to eradicate poverty and achieve sustainable development. In addition to reporting on UNFPA performance during 2007, the last year of the 2004-2007 multi-year funding framework (MYFF), the present report is also envisaged to serve as baseline data for the Fund's new strategic plan, 2008-2011, and facilitate setting targets for the four-year period.

Following the introduction, section II of the report describes the context in which UNFPA works. Section III focuses on progress in working towards attaining the 13 development outcomes under the Fund's three focus areas of population and development, reproductive health and rights, and gender equality. Contributions towards achieving the nine UNFPA management outputs are detailed in section IV of the report. Section V provides an update on the operationalization of the Fund's new organizational structure. The integrated resources framework is presented in section VI. Section VII of the report contains a recommendation. The annex provides a matrix on UNFPA country office involvement in key capacity development areas.

*The compilation of data required to provide the Executive Board with the most current information has delayed the submission of the present report.

08-33996 (E) 090608

CONTENTS

Page

I. INTRODUCTION 3

II. CONTEXT 3

III. DEVELOPMENT RESULTS FRAMEWORK 5

IV. MANAGEMENT RESULTS FRAMEWORK 26

V. OPERATIONALIZING THE NEW ORGANIZATIONAL STRUCTURE 33

VI. INTEGRATED FINANCIAL RESOURCES FRAMEWORK 34

VII. RECOMMENDATION 34

ANNEX 35

I. INTRODUCTION

1. This report focuses on the major initiatives undertaken by UNFPA in 2007, the results and progress achieved and the challenges encountered in assisting countries in implementing the Programme of Action of the International Conference on Population and Development (ICPD), under the overarching goal of supporting nationally led and nationally owned efforts to eradicate poverty and achieve sustainable development. In addition to reporting on UNFPA performance during 2007, the last year of the 2004-2007 multi-year funding framework (MYFF), the present report is also envisaged to serve as baseline data for the Fund's new strategic plan, 2008-2011 (DP/FPA/2007/17), and facilitate setting targets for the four-year period. Following approval of the strategic plan by the Executive Board (decision 2007/40), UNFPA country programmes have been aligned with the plan. The analysis in the present report focuses on the two central results frameworks of the strategic plan, namely, the development results framework and the management results framework, and reflects the Fund's strengthened emphasis on national ownership and capacity development, and on the strategic plan's 13 development outcomes and nine management outputs.

2. Section II of the present report describes the context in which UNFPA works. Section III focuses on progress achieved and challenges encountered in working towards attaining the 13 development outcomes under the three focus areas of population and development, reproductive health and rights, and gender equality. Contributions towards achieving the Fund's nine management outputs are detailed in section IV of the report. Section V provides an update on the operationalization of the Fund's new organizational structure. The integrated resources framework is presented in section VI. The Statistical and financial review 2007 (DP//FPA/2008/5 (Part I, Add.1)), an addendum to the present report, elaborates on UNFPA income and expenditures by programme areas, region and country classification group and also details UNFPA assistance in terms of the MYFF outcomes. Section VII of the present report contains a recommendation. The annex provides a matrix on UNFPA country office involvement in key capacity development areas.

3. This present report has used data and information gathered from internal reporting instruments of UNFPA, notably the 2007 annual reports from all UNFPA divisions and units, including 120 country offices. Overall, there has been an improvement of data and a 100 per cent submission rate of UNFPA annual reports in 2007, although there are some gaps in data availability and quality that are being addressed.

II. CONTEXT

4. The United Nations General Assembly resolution 62/208 on the triennial comprehensive policy review of operational activities for development of the United Nations system (TCPR) underscores that the provision of development assistance by the United Nations system should respond to the diverse needs of developing countries and be in accordance with their national development plans and strategies. The UNFPA strategic plan, 2008-2011, is aligned with the TCPR. UNFPA initiated implementation of its new organizational structure, which is consistent with and responds to the TCPR. Furthermore, to advance UNFPA contribution to the implementation of the TCPR, UNFPA issued an operational guidance note to all staff on the Fund's role in a changing aid environment, taking into account the Paris Declaration on Aid Effectiveness, and emphasizing UNFPA commitment to and role in supporting nationally led development through capacity-building, policy dialogue, advocacy and the provision of technical and financial assistance.

5. During 2007, there was increased emphasis on new aid modalities such as poverty reduction strategy papers (PRSPs), sector-wide approaches (SWAps), direct budget support, and the Central Emergency Response Fund (CERF) for humanitarian response and recovery. UNFPA made significant contributions to support national partners in incorporating population, reproductive health and gender issues in national development strategies. In line with the Fund's resource allocation system, approved by the Executive Board in September 2007 (decision 2007/42), UNFPA continued to give the highest priority and the largest share of its programme resources to group A countries (countries most in need of assistance to realize ICPD goals), including all the least developed countries (see also DP/FPA/2008/5 (Part I, Add.1)).

6. The year 2007 was marked by significant interventions in the three focus areas of population and development, reproductive health and rights, and gender equality. An increase was reported in the number of national policies promoting gender equality and the empowerment of women. Also, population factors were integrated in an increasing number of national development plans and frameworks. A notable achievement was the inclusion of the target on universal access to reproductive health by 2015 in the Millennium Development Goals (MDGs) monitoring framework, under MDG 5 to improve maternal health. In the area of population and development, there were increased efforts to provide support to countries for the 2010 round of censuses.

7. UNFPA was active in several partnerships for the promotion of global health and achievement of the health MDGs established in 2007, such as the International Health Partnership, the Global Campaign on Health MDGs, and the Secretary-General's MDG initiative for Africa. The year was marked by the renewed global attention to addressing the high rates of maternal mortality. The Women Deliver Conference, where UNFPA played a leadership role, generated new commitment to women's health. In 2007, UNFPA established the thematic fund for maternal health to mobilize additional resources in this key area. The year 2007 saw the prioritization of climate change by the United Nations Secretary-General and the international community, and emphasis on the role of the United Nations system in responding to the challenges.

8. As a follow-up to the first Global Forum on International Migration and Development held in July 2007, a framework for operational collaboration has been drawn up between the International Organization for Migration (IOM) and UNFPA focusing on, among other issues, strengthening the knowledge base for informed policy dialogue, incorporating sexual and reproductive health into health activities for migrants and prevention of gender-based violence. During 2007, UNFPA continued to emphasize gender, human rights and culturally sensitive approaches and established partnerships with key local stakeholders and institutions, including traditional leaders and faith-based and religious organizations. UNFPA also continued its efforts to support the integration of the ICPD agenda into emergency preparedness, humanitarian crisis response and transition and recovery processes. Conflicts in some countries created a need for protection against sexual violence, which UNFPA country programmes addressed through advocacy and the provision of technical and financial support to national counterparts.

9. UNFPA fully engaged in the implementation of the United Nations "Delivering as One" initiative in the eight pilot countries. An initial stocktaking by the joint meeting of the Executive Boards of UNDP/UNFPA, UNICEF and WFP in January 2008, indicated that the United Nations was better positioned to deliver more tangible development results in programme countries as a result of the initiative. UNFPA offices in the eight pilot countries reported success in integrating the ICPD agenda in the "One Programme".

10. In 2007, UNFPA increased its donor base to a record high of 182 donors, including all countries in sub-Saharan Africa. UNFPA total regular resources rose to $457.1 million (the highest total ever in the history of UNFPA), up from $389.3 million in 2006. In 2007, UNFPA total income increased to $752.2 million, the fourth sequential year in which UNFPA resources surpassed the $500 million mark (see also documents DP/FPA/2008/5 (Part I, Add.1) and DP/FPA/2008/9). The Netherlands, Sweden, Norway, United Kingdom and Japan were the Fund's five largest donors (to regular resources) in dollar terms in 2007. Also, in 2007, the largest co-financing contribution from an intergovernmental organization was received from the European Commission.

11. Following the Executive Board approval of the Fund's reorganization (decision 2007/43), UNFPA developed an implementation master plan to operationalize the new organizational structure. Through the establishment of regional offices and strengthening of country offices, UNFPA will enhance support to national programming and increase programme efficiency and effectiveness. The reorganization will further strengthen UNFPA commitment to South-South cooperation within the framework of capacity development. UNFPA continues to emphasize the use of national, regional and interregional resources and partnerships, as well as South-South knowledge-sharing systems to support national development and country programmes.

III. DEVELOPMENT RESULTS FRAMEWORK

12. The development results framework sets out the goals and outcomes for UNFPA in three focus areas: (a) population and development; (b) reproductive health and rights; and (c) gender equality. Following a brief subsection on support to capacity development by UNFPA country programmes, this section of the report presents analysis on progress in working towards the 13 development outcomes under the three above-mentioned focus areas.

A. Capacity development

13. The fundamental importance of national capacity development has been articulated in General Assembly resolution 62/208 as a central goal of development cooperation of the United Nations system. In 2007, capacity development continued to be at the core of UNFPA programming. A summary of the support provided by UNFPA country offices to capacity development in the areas of population and development, reproductive health and gender is provided in the annex, which aggregates data from the 2007 annual reporting. As seen in the annex, UNFPA support ranged from 94 per cent country offices contributing to capacity development for maternal health to 24 per cent of offices contributing in the area of young people in emergency situations. UNFPA offices and units reported support to South-South initiatives in 55 recipient and 57 provider countries. An example of South-South cooperation for capacity development is seen in the assistance UNFPA provided to the Demographic Institute of Indonesia and the Department of Statistics of Laos in data collection and analysis of reproductive health and population issues. In subsequent sections, the present report provides several examples of UNFPA capacity development contributions in each of the three focus areas of its work. UNFPA recognizes that developing an integrated approach to capacity development based on systematic capacity assessments and measurement of the effectiveness of support remains a major challenge to be addressed in the broader context of the United Nations efforts in this key area.

B. Population and development

Goal 1: Systematic use of population dynamics analyses to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction.

14. UNFPA work on population is central to the international community's goals of eradicating poverty and achieving sustainable development. UNFPA has been assisting countries in implementing the ICPD Programme of Action through strengthening national capacity to address the incorporation of population dynamics and population and poverty linkages, including the links between poverty and reproductive health and gender equality, in the formulation and implementation of national policies. In 2007, UNFPA programme assistance in the area of population and development totalled $ 108.9 million.

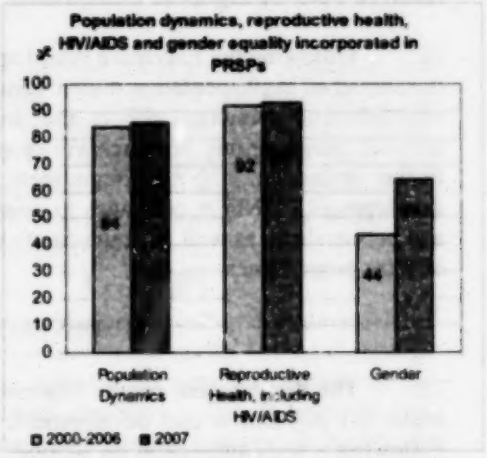

Figure 1

Outcome 1: Population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks.

15. Incorporation of population and poverty linkages in national development strategies. UNFPA expertise in analysis of population dynamics, as well as its partnership with governments in integrating population dynamics into development planning and using data for development have been valuable assets to support national development strategies. There has been an increase in incorporation of population dynamics, reproductive health and gender issues in the situation analysis, policy documents and monitoring and evaluation plans in national development strategies. Of 33 key national development plans (NDPs), including PRSPs, completed in 2007, 76 per cent of NDPs included population dynamics, 77 per cent included reproductive health/HIV, and 64 per cent included gender equality. In the 75 NDPs, including PRSPs, developed during 2000-2006, gender equality was included in 45 per cent; population dynamics and its linkages with poverty was included in 71 per cent; and reproductive health/HIV in 67 per cent. Similar trends were observed in the analysis of PRSPs (see figure 1).

16. Eighty-six per cent of UNFPA country programmes contributed to promoting policy dialogues, developing and using innovative models for programming, building capacity of and partnering with civil society groups and providing technical support for the incorporation of population dynamics, reproductive health, HIV/AIDS and gender issues. Several innovative examples of good practices were reported, some of which could be scaled up. In Nigeria, UNFPA provided inputs to the poverty reduction strategy process to ensure that ICPD issues were reflected in the strategy. One innovative approach was to

mobilize and support the participation of trained young people to contribute inputs into the drafting of the national poverty reduction strategy. In Sierra Leone, UNFPA supported the training of traditional leaders to advocate for the incorporation of population dynamics, reproductive health and gender priorities in government policy documents. The population situation analyses supported by UNFPA in Bolivia, Ecuador, Haiti and Venezuela, using a tool developed by UNFPA, became key instruments for policy dialogue to facilitate the inclusion of population-related issues in NDPs.

17. Several intercountry initiatives were also pursued. These included developing better understanding within countries on the interlinkages between poverty and population, reproductive health and gender through a series of regional meetings. An MDG toolkit was developed and disseminated for use by countries in their engagement in MDG-based poverty reduction processes. UNFPA partnered with WHO to develop training modules for building staff capacity to better support governments in including sexual and reproductive health in national development plans and poverty reduction strategies. UNFPA provided support to intergovernmental organizations, including to Partners in Population and Development for an assessment of the institutional capacities of 17 regional/national population institutions that have been conducting training and research programmes. In middle-income countries in Eastern Europe, UNFPA worked closely with regional institutions to define data and policies to address population issues such as declining fertility and increased labour migration.

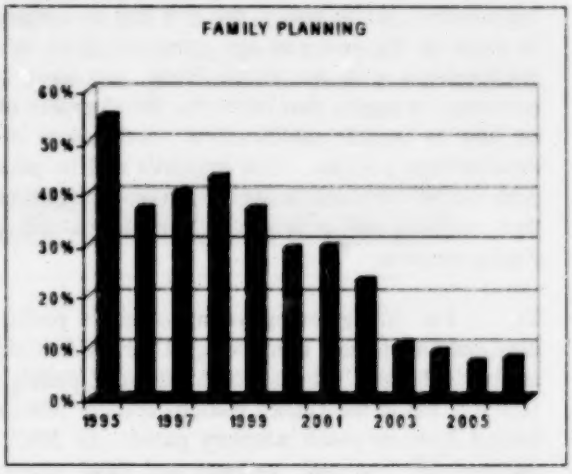

Figure 2: Expenditures for population activities as a percentage of total population assistance, 1995-2006

18. It is evident that population dynamics and reproductive health have been relatively well factored into the situation analysis segment of poverty reduction strategies and national development planning processes. However, the challenge remains for these elements to be better incorporated in the monitoring and evaluation components. Advocacy efforts to mobilize parliamentarians, youth groups and community leaders have been successful and need to be scaled up. Overall, stronger efforts will be needed to support implementation of the development plans and frameworks.

19. Resource flows to ICPD activities. UNFPA has been monitoring the flow of resources allocated for ICPD since 1995 and has supported reporting in this area, including the recent report (E/CN.9/2008/5) submitted to the Commission on Population and Development. UNFPA has worked with governments and other development partners to marshall a broader base of resources. UNFPA country offices have reported advocacy initiatives for increased investments in reproductive health, HIV/AIDS and gender issues. However, as seen in figure 2, funding for family planning has decreased in absolute dollar amounts since 1995 when UNFPA first began monitoring resource flows. Though funding for reproductive health and basic research activities has shown an increase, HIV/AIDS activities continued to receive by far the largest proportion of population assistance. Also, the growing trend toward integration of services and the increasing use of sector-wide approaches in development assistance are making it

difficult for countries to readily distinguish between expenditures for population and other health-related activities.

Outcome 2: Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend.

20. Addressing young people's multisectoral needs in poverty reduction strategies. The proportion of NDPs, including PRSPs, incorporating young people's multisectoral needs increased during 2007. UNFPA supported national counterparts in the formulation, implementation and the review of national policies for youth. Some examples include UNFPA assistance in Ethiopia to develop the adolescent reproductive health policy, the first that recognizes the diversity of adolescent needs, including the need to focus on the youngest age group of 10-14 as a strategic way to impact gender norms. UNFPA, in collaboration with the World Bank, organized an expert consultation on young people and poverty reduction strategies that led to the development of an inter-agency UNFPA-World Bank resource guide on how to include multisectoral youth issues in the poverty reduction strategy process and in other development policies. This initiative will be piloted in Honduras, Liberia and Malawi in collaboration with the World Bank in 2008. However, additional work is required in programme countries to ensure that multisectoral linkages are made at the policy level and in programme development and implementation.

21. For strengthening young people's participation in policy dialogue, programme development, implementation and monitoring, UNFPA has been working with other United Nations agencies to establish United Nations youth advisory panels at country level, bringing youth voices not only to UNFPA, but to the United Nations country team as a whole. For example, Cambodia has launched the United Nations youth advisory panel. In 2007, UNFPA continued to facilitate capacity-building of international, regional, national and local youth networks and organizations to advocate for young people's needs and rights and their participation in decision-making processes. UNFPA recruited the fifth group of youth fellows from developing countries, to join the UNFPA Special Youth Programme for a nine-month fellowship. One challenge is that adults do not necessarily welcome the participation of youth in policymaking and programming. UNFPA is addressing this by promoting intergenerational dialogue amongst policymakers, programme managers and young people.

22. Young people's needs incorporated in emergency preparedness, crisis response and recovery programmes. Young people's specific vulnerabilities as well as their capabilities have long been overlooked in humanitarian and crisis settings. Out of 87 UNFPA country offices that reported on emergency preparedness, crisis response and recovery, 22 offices promoted effective programme design and development to incorporate young people's needs into emergency preparedness, crisis response and recovery. Fifteen offices partnered with youth groups/networks in the development and implementation phases of national emergency preparedness plans/documents. Twenty-one offices engaged in building the capacity of international and national partners to address young people's sexual and reproductive health needs in humanitarian/crisis settings. A six-year UNFPA initiative, which ended in 2007, built local and national capacities to provide reproductive health services and information to displaced adolescents in Burundi, Colombia, Democratic Republic of the Congo, Liberia, Occupied Palestinian Territory, Rwanda, and Sierra Leone. A key challenge is to address young people's needs in humanitarian settings holistically. Sexual and reproductive health services and information need to be part of broader inter-agency and multisectoral programmes addressing education, vocational training, livelihoods and other needs of youth. In addition, programmes targeting displaced adolescents should aim at scaling up and

building national capacities, in order to move from limited initiatives to sustainable and comprehensive programming.

Outcome 3: Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and subnational levels to develop and monitor policies and programme implementation.

23. 2010 round of censuses. UNFPA spearheaded efforts to mobilize financial and technical support for the 2010 round of censuses and other demographic and household surveys. Many countries reported important progress in planning for the 2010 round of population and housing censuses. Of the 90 countries (out of 120) that had conducted or were planning to conduct a census during the next few years, 79 per cent were reported to be on schedule. Of these, 13 per cent had completed the census and were at the stage of data compilation/dissemination. Table 1 shows the distribution of countries at different stages of the 2010 round of censuses.

Table 1. Countries at different stages of the 2010 round of censuses

Census stage	Number of countries
Pre-preparation	47
Preparing for census	26
In process: conducting field operations	5
Completed: compiling data	8
Completed: disseminating/utilizing data	4
Total number of countries	90

24. UNFPA mobilized resources for the 2010 round of censuses for 63 countries and directly provided financial support in 47 countries. Donors that contributed included Denmark, European Commission, Germany, Ireland, Italy, Japan, Norway, Switzerland and the United Kingdom. In 78 countries, UNFPA provided support to strengthen national statistical capacities, including developing capacity in the technical aspects of the process, such as cartography, data collection and processing. UNFPA support has also facilitated the exchange of experiences on mobilizing resources and strengthening advocacy efforts for the successful implementation of the 2010 round of population and housing censuses in developing countries.

25. UNFPA support for censuses included assistance provided to Iraq, the Occupied Palestinian Territory and Sudan. In Afghanistan, UNFPA supported preparatory census activities, including design of the questionnaire, enumeration area mapping and capacity-building to conduct the pilot census. In Liberia, technical support was provided for preparatory activities of the 2008 National Population and Housing Census, including cartographic mapping and the pilot census. UNFPA supported the Governments of Mauritania, Mozambique and the United Republic of Tanzania to launch the process of mobilizing funds for the 2010 census. UNFPA has supported national counterparts for the preparatory activities for the 2010 census in Bolivia and contributed to the updating of national information sources, including through a cost-sharing agreement to conduct the 2007 population and household census. The main challenges in the area of censuses include the need to ensure adequate financial resources, technical support, and international quality standards.

26. Thematic surveys as sources of data on gender, sexual and reproductive health and HIV/AIDS. UNFPA played an important role in supporting surveys on population, gender and reproductive health issues though mobilizing resources for ICPD-related surveys and providing technical support to strengthen national statistical capacities. The following examples are noteworthy: in Armenia, UNFPA provided support to two national surveys, namely, the family survey and the migration survey; in the Islamic Republic of Iran, UNFPA contributed to the engendering of both the 2006 primary health care data and income-expenditure and labour force surveys; and in Sri Lanka, UNFPA supported critical surveys on reproductive health issues that paved the way to gather and analyse data on information gaps related to reproductive morbidities. One of the main challenges encountered is the limited inclusion of gender in the demographic and health surveys (DHS) as well as a lack of agreement on the measurement of gender issues, such as violence against women.

Table 2. UNFPA contributions to improving the availability of data during 2007

Type of contribution	Number of country offices *	%
Promoting the 2010 round of censuses and ICPD-related surveys	83	77.6 %
Providing technical support to strengthen national statistical capacities	96	89.7 %
Advocating for resource allocation/expenditure for data collection	87	81.3 %
Mobilizing resources for the 2010 round of censuses and ICPD-related surveys	65	60.7 %
Promoting and improving data dissemination and usage in policy making	97	90.7 %

Source: UNFPA country office annual report (COAR) 2007. * Sample of 107 programme countries.*

27. Availability of disaggregated data and integrated databases. One hundred and five countries have reported having in place or being in the process of developing a national database with disaggregated population-related data. Regarding time-bound indicators and targets, approximately 84 per cent of national development plans in 2007 included time-bound indicators and targets compared to 47 per cent between 2000 and 2006.

28. Ninety-four per cent of UNFPA country offices reported contributing to building the technical capacities of national counterparts to use data, indicators and targets in decision-making and monitoring (see annex). In the Lao People's Democratic Republic and Togo, UNFPA, in collaboration with other United Nations agencies, supported the development and updating of Lao Info and Togo Info, respectively. In the Central African Republic, UNFPA helped mobilize resources from the African Development Bank to develop an integrated indicator database. In Turkey, UNFPA is supporting national counterparts to further improve TURKSTAT, the online population and development/MDG indicators database. One of the main challenges in the area of data analysis and usage is the need to increase the availability of information for planning. Clearly, it is important to increase country capacities to create integrated databases and to analyse, disseminate and use sociodemographic data for policymaking.

Outcome 4: Emerging population issues – especially migration, urbanization, changing age structures (transition to adulthood, ageing) and population and the environment – incorporated in global, regional and national development agendas.

29. Emerging population issues. Sixty out of 108 NDPs, including PRSPs, discussed at least one of the emerging population issues in the policy document. UNFPA work in this area focused on building a body of knowledge to better respond to national emerging population issues, promoting the dissemination and usage of the results of studies, and advocacy with national counterparts to include population issues in planning and monitoring. Fifty-seven per cent of UNFPA country offices reported contributions in building national capacity to enable governments, academic and research institutes and non-governmental organizations (NGOs) to support positioning emerging population issues in policies and programming.

30. Population, urbanization and environment. Some examples of UNFPA support in this area include: assessment of the linkages between population dynamics, reproductive health, HIV/AIDS, poverty and environmental issues in Kenya; the development of a conceptual approach on the linkages between population and environmental, social and economic issues in urban and regional planning in Colombia; and the analysis of the structural features and social differentiation of the demographic processes currently taking place in the countryside in Ukraine. Globally, the Fund conducted an evidence-based advocacy campaign on the linkages between population issues and sustainable development on the occasion of launching the report *State of World Population 2007: Unleashing the Potential of Urban Growth*. The report was widely used as a basis for advocacy regarding population, urbanization and environment linkages. The report was accompanied by a youth supplement entitled *Growing Up Urban* which addressed the challenges and promises of urbanization as they affect young people. UNFPA also participated in the review of the United Nations system action on climate change. A regional-level example comes from Asia and the Pacific, where UNFPA collaborated with the Asian Urban Information Centre of Kobe, Japan, to focus on two critical issues facing mid-sized cities: population and water/environment management; and maternal and child health care in natural disasters.

31. International migration. UNFPA is a member of the Global Migration Group. In July 2007, together with the International Organization for Migration and several partners, UNFPA supported the round table on regional migration and consultative processes and development, at the first Global Forum on International Migration and Development, in Brussels. UNFPA support to countries has focused on advocacy, awareness-raising, capacity-building and research to maximize the benefits and mitigate the negative impact of international migration. In Niger and Rwanda, UNFPA played a key role to ensure that migration issues were integrated into national development frameworks. In the United Republic of Tanzania, UNFPA supported the Government in establishing linkages between population and development processes and ensuring that international migration issues were considered in poverty reduction strategies and national and sectoral action plans and policies. Given that the issue of international migration is becoming more important, countries need to include this issue in their NDPs and to discuss the multidimensional aspects of international migration and development.

32. Ageing. UNFPA strengthened its involvement in issues related to population ageing following the results of the five-year review of progress towards the implementation of the Madrid International Plan of Action on Ageing. UNFPA supported efforts to increase understanding of the speed and challenges of population ageing; and to strengthen national capacities to implement appropriate policies to address the challenges of population ageing, including the implementation of the recommendations of the Madrid Plan. Several meetings were organized to promote greater understanding of the issue, including an expert group meeting on population ageing and the MDGs, and a special session on the

Madrid International Plan of Action on Ageing. With WHO, UNFPA launched a report "Women, Ageing and Health: A Framework for Action" summarizing the evidence about women, ageing and health from a gender perspective. In Jordan, UNFPA supported the Higher Population Council in efforts to analyse the impact of the demographic transition. In Senegal, UNFPA supported research activities on ageing issues and policy dialogue for the strategic positioning of this issue in national policies and programmes. In India, UNFPA supported two research studies on ageing and migration and urbanization. At the regional level, UNFPA collaborated with the Nihon University Population Research Institute on country-level research and regional analysis of the effects of changing age structures, including population ageing. Currently, very few countries include the issue of population ageing in their national development plans. In responding to the challenges, UNFPA is promoting dialogue at national levels to assist countries in preparing for the changing age structure, including identifying appropriate operational strategies. There is a clear need to expand initiatives and enhance knowledge sharing across countries and regions.

C. Reproductive health and rights

Goal 2: Universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life.

33. As part of the area of reproductive health and rights, MDG 5 on maternal mortality reduction cannot be achieved without significant progress in the area as a whole. UNFPA has identified five key programming outcomes under this focus area that are discussed below. A significant collective achievement of the international community was the inclusion of the reproductive health target in the MDG monitoring framework under MDG 5 to improve maternal health. This placed the ICPD goal of universal access to reproductive health by 2015 and relevant indictors within the MDG monitoring framework and the larger context of poverty reduction. In 2007, UNFPA programme assistance in the area of reproductive health totalled $ 281.7 million.

Outcome 1: Reproductive rights and sexual and reproductive health demand promoted and essential sexual and reproductive health package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring.

34. National development plans that allocate resources for an essential sexual and reproductive health package. Twenty-seven out of 39 countries, which reported data in this area, allocated resources for sexual and reproductive health in the essential health package within the national development plan or health plan. Among the 44 health SWAps reported, 91 per cent had incorporated the ICPD goal of universal access to reproductive health services. All the health SWAps included family planning, maternal health, and adolescent reproductive health issues. An increase in resource allocation to reproductive health services was also seen in 2007, with 56 per cent of health SWAps including resource allocation for adolescent reproductive health (43 per cent of the health SWAps developed before 2007 included resources for adolescent reproductive health). However, targets to be achieved for reproductive health were included in only about one third of the SWAps. This is an area for continued attention. It is also necessary to ensure that human resource strategies in the health sector incorporate the needs related to reproductive health services.

35. Of the 51 countries with a health sector policy/plan developed or under development, UNFPA country offices reported providing support in 47 countries to incorporate reproductive health, including

HIV/AIDS and gender equality in health sector policy, planning and budgeting. In addition, 86 UNFPA country offices reported participation in other initiatives (besides SWAps) coordinated by governments. Specific UNFPA contributions included technical support and advocacy for increased investments in reproductive health. UNFPA commissioned an external evaluation of its participation in SWAps. The preliminary findings suggest that UNFPA is appreciated as a SWAp partner and is generally strong and effective in supporting policy development. The detailed findings would be available in 2008 to develop the way forward for UNFPA support.

36. Reproductive health commodity security. Lack of access to affordable reproductive health commodities is a major obstacle to universal access to reproductive health and effective HIV prevention. For this reason, UNFPA devotes significant human, technical and financial resources to reproductive health commodity security (RHCS). As depicted in table 3, progress was achieved in integrating reproductive health commodity services into national policies and budgets, with 74 out of 135 countries reporting a national budget line for reproductive health commodities and 79 countries reporting the existence of national coordination committees on RHCS.

Table 3. Country status on reproductive health commodity security, 2007

Geographical division	Number of countries with national budget line for reproductive health commodities	Number of countries with national coordination committee on RHCS	Number of countries with contraceptives on essential drugs list
Africa	25 (out of 46)	29 (out of 46)	45 (out of 46)
Arab States, Eastern Europe and Central Asia	14 (out of 30)	13 (out of 30)	19 (out of 30)
Asia and the Pacific	17 (out of 35)	18 (out of 35)	34 (out of 35)
Latin America and the Caribbean	18 (out of 24)	17 (out of 24)	23 (out of 24)
Total	**74 (out of 135)**	**77 (out of 135)**	**121 (out of 135)**

37. UNFPA country offices reported significant contributions to a range of initiatives in the RHCS area, with 85 per cent supporting national partnerships to develop/implement multipartite coordination mechanisms and 84 per cent engaging in advocacy efforts for resource mobilization and allocation. Many country offices also advocated for the establishment of budget lines for contraceptives and for the inclusion of reproductive health commodities, including male and female condoms, on the essential drugs list.

38. UNFPA continued to work with partners in the Reproductive Health Supplies Coalition on the Global Programme to Enhance RHCS to build country capacity for sustainable RHCS. Under the global programme, activities were undertaken in selected countries, namely, Burkina Faso, Ethiopia, Mongolia, Mozambique and Nicaragua. In these countries, the Government and UNFPA signed a memorandum of understanding outlining commitments for a multi-year national RHCS plan of action. Global and regional technical assistance was provided to country offices to support advocacy and consensus building among national authorities and stakeholders; and assessment of technical needs to facilitate preparation and implementation of a five-year RHCS plan of action. UNFPA has been working with the Reproductive Health Supplies Coalition to address systemic problems in reproductive health commodity supply chains. Globally, more than 80 government counterparts and national consultants were trained on basic components of RHCS. UNFPA continued to support capacity development on the Fund's many knowledge products and tools, such as the web-based dashboard (a monitoring and evaluation tool), CHANNEL (logistics management information software) and the reproductive health costing tool, which

helps governments calculate the costs of sexual and reproductive health services, including commodities. The new aid environment presents a challenge in that relatively modest allocations to reproductive health commodities have been observed. The UNFPA programme for RHCS requires long-term funding for sustainability. UNFPA will continue to work closely with its partners to strengthen support in this area. In 2007, major donors to RHCS included Canada, European Commission, Finland, Ireland, Luxembourg, Netherlands, Spain, Sweden and the United Kingdom.

39. Emergencies and humanitarian assistance. In the first year of the three-year institutional humanitarian strategy approved in 2006 by the Executive Board (decision 2006/35), UNFPA focused its efforts on the implementation of the two main components: building knowledge of and commitment to gender and reproductive health issues in crisis and transition settings; and improving technical and institutional capacities to integrate the ICPD Programme of Action into emergency preparedness, response and recovery at national level.

40. Fifty-one UNFPA country offices reported that the minimum initial service package (MISP) was implemented in humanitarian crisis and post-crisis situations, ensuring that, in partnership with others, minimum reproductive health services were made available to vulnerable populations. For training on the clinical management of rape, support was provided to more than a hundred field-based partners working in crisis settings. Capacity-building efforts also focused on establishing technical expert networks and mechanisms for rapid deployment to build the operational and technical skills training of practitioners. At the global level, UNFPA continued to be an active member of the Inter-agency Standing Committee (IASC) providing support to training on existing IASC guidelines on HIV prevention, gender mainstreaming, psychosocial care, and addressing sexual and gender-based violence in humanitarian response. However, ensuring integration of reproductive health issues in crisis and transition policies and programmes continues to be a challenge.

Outcome 2: Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications.

41. While an annual decline of 5.5 per cent in maternal mortality ratios between 1990 and 2015 is required to achieve MDG 5, figures released in 2007 showed an annual decline of less than 1 per cent. Maternal mortality indicators show a large gap between rich and poor countries. Countries with the highest initial levels of mortality have made virtually no progress over the past 15 years. Reduction in maternal mortality, including through strengthened partnerships, is high among UNFPA priorities. The Fund continues its work through a strategy that provides support to family planning, increased skilled birth attendance and emergency obstetric care.

42. Births attended by skilled health personnel. Skilled attendance at all births is a critical intervention for ensuring safe motherhood. In developing countries the proportion of births attended by skilled health personnel increased from 57 per cent in 2005 to 59 per cent in 2007. But in the least developed countries only 34.3 per cent of births were attended by skilled health personnel in 2007. This continues to be a challenge with only 47 per cent women in Africa and 61 per cent women in Asia receiving the help of a skilled attendant at birth. The national figures also mask the poorer coverage in rural areas and marked discrepancies in access by the poor.

43. One hundred UNFPA country offices (94 per cent) reported technical support to improve national capacity to improve maternal health services. Eighty-three per cent of UNFPA offices reported support

for community advocacy to increase demand for maternal health services and promote sexual and reproductive health; and 87 per cent reported technical support to improve national capacity to monitor maternal health services implementation and performance. An illustration of impact in this area comes from Namibia, where UNFPA has reported an increase in skilled birth attendance from 50 per cent in 2006 to 68 per cent in 2007, following capacity-building and community mobilization activities in Oshikoto region. In Sudan, UNFPA supported the training of midwives to fulfil the policy of posting one midwife per village. The 2005-2007 data analysis shows that in only 62 per cent of countries (with available data) at least 80 per cent of the services delivery points (SDPs) offered a minimum of reproductive health services. Scaling up to increase access to reproductive health services to meet the new MDG target is a challenge.

44. Emergency obstetric care. An emphasis on making emergency obstetric care available and accessible to all women who develop complications is central to UNFPA efforts to reduce maternal mortality. According to the recent DHS data, the caesarean section rate is 7.8 per cent and increased from 4.5 per cent in the previous surveys in the same countries. There is a large gap between the urban and rural areas. UNFPA has provided technical support in key strategic areas such as development of national standards and protocols; use of appropriate technologies; training; knowledge sharing; supervision; and data collection and use of indicators for monitoring and evaluation. Eighty-nine per cent of country offices reported contributions towards advocacy for increasing national investments in maternal health services. UNFPA provided support to several countries for equipment and supplies (linked to the global RHCS programme); upgrading infrastructure; and developing effective systems for referral. In Afghanistan, UNFPA supported 17 emergency obstetric care centres in five provinces, as well as the training of 100 service providers in basic emergency obstetric care. In Nicaragua, 90 per cent use of national norms and guidelines for emergency obstetric care is reported by the country office, which is working within an inter-agency approach with UNICEF and others. Overall, there is a need to mobilize and sustain funding using several modalities (including the thematic trust fund) and ensure country leadership for a coherent response.

45. Thirteen per cent of annual maternal deaths are related to complications of unsafe abortion. An estimated 19 million unsafe abortions are carried out each year in developing countries. UNFPA, as guided by paragraph 8.25 of the ICPD Programme of Action, supports governments through the provision of family planning to prevent abortions and to save women whose lives are seriously threatened by the complications of unsafe abortion. Sixty-four UNFPA offices reported the provision of technical support to improve national capacity to manage the complications of unsafe abortion and provide quality post-abortion care. For example, in the United Republic of Tanzania, UNFPA supported the Government to undertake a study to assess the magnitude of the complications of abortion.

46. Prevention of fistula. Specific support was provided to increase access to prevention of obstetric fistula. UNFPA continued its leadership in the Campaign to End Fistula, which focuses on preventing fistula from occurring; treating women who are affected; and helping women who have undergone treatment to reintegrate back into their communities. In 2007, new donors to the Campaign included the Autonomous Community of Catalonia (Spain), Ireland, Norway and the Republic of Korea. The Campaign has been active in over 40 countries and UNFPA country offices reported providing technical support to improve national capacity to treat obstetric fistula. In Zambia, UNFPA supported the development of the national fistula centre at a university teaching hospital. In Pakistan, the fistula project was successfully implemented in seven major teaching hospitals. UNFPA also partnered with governments and national NGOs to implement fistula outreach service campaigns in Somalia and Sudan, establishing cadres of health-care professionals trained not only in fistula repair but also in emergency

obstetric care. Virgin United, the charitable arm of Virgin Atlantic airline, has been a UNFPA partner in the Campaign since early 2005. Addressing maternal morbidities in developing countries continues to be a challenge due to financial and health provider constraints

Outcome 3: Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention.

47. Modern contraceptive methods. Progress in using modern methods of contraception has been uneven across the regions. It remains low in many African countries. But there are also some positive changes: In Burkina Faso, the contraceptive prevalence rate (CPR), which was 14 per cent in 2003, is currently estimated at 24.4 per cent. In Swaziland, CPR has increased from 34 per cent in 1997 to 50.6 per cent in 2007. In Zimbabwe, CPR has increased steadily to 60 per cent in 2006 and is one of the highest in sub-Saharan Africa. In Asia and in some Arab states, for example, Bangladesh and the Syrian Arab Republic, respectively, the rate remains relatively high but stagnant, while the unmet need continues to grow. Some positive trends are observed in Eastern European countries where CPR has been increasing from a very low base. The challenges are numerous in this area and require concerted efforts to increase access to quality family planning services. Overall funding for family planning has decreased in absolute dollar amounts since 1995, and remains inadequate to meet the unmet need for contraception. This especially affects vulnerable groups, poor women and young people.

48. Together with other development partners, UNFPA focused on the need to re-energize family planning programmes. Across the regions, UNFPA supported a package of activities to improve access to family planning services; expand the choice of available methods; and increase demand. Ninety-seven country offices reported providing support to promote condoms. UNFPA supported the expansion of choice by supplying contraceptives such as implants, injectables and female condoms in several countries, including Cambodia, Guinea-Bissau, Senegal, Togo and Zambia. Concerted efforts to reposition family planning on the national agenda were reported. For example, in the United Republic of Tanzania, UNFPA, as the chair of the development partners group for reproductive health subcommittee, led initiatives on repositioning family planning services in the country. In Guinea, UNFPA supported the establishment of a national committee on family planning and also worked to promote national policies on family planning.

49. UNFPA continued support to procurement of contraceptives to strengthen national capacity. At the same time, efforts were made to advocate for the allocation of resources for contraceptives in national budgets and health expenditure plans (see subsection above on RHCS). In several countries, special attention was paid to ensuring access of poor and vulnerable groups to family planning services. In the Philippines, UNFPA advocated for the protection of vulnerable groups and mobilized resources for the provision of contraceptives as "safety nets" for the poor, including focusing on the most disadvantaged women in 500 municipalities. The Government and donors recognized that ensuring contraceptive supplies for poor women was essential to meet the unmet need and reduce maternal deaths. In Jamaica, UNFPA worked to increase access of vulnerable groups such as persons with disabilities to family planning services. Stronger and concerted efforts by all partners, including UNFPA, are needed to address the unmet need for family planning.

50. Service delivery points offering at least three modern methods of contraception. In 2007, there was an increase in the number of countries reporting service delivery points that offer at least three modern methods of contraception. However, the number of countries in which all SDPs provide at least three methods of contraception is still very low (37.0 per cent in 2007). Also, there are wide variations in

access, for example, only 12 per cent of SDPs provide family planning services in Angola, whereas in Maldives and Costa Rica nearly all SDPs provide at least three methods of family planning. UNFPA enhanced its contribution to improving access to and utilization of voluntary family planning services. Ninety per cent of UNFPA country offices reported contributions to increased national capacity to expand the range of contraceptive methods.

Table 4: Percentage of SDPs offering at least 3 modern methods of contraception

	2005-2007 [1]		*2007* [2]	
	Number of countries	*%*	*Number of Countries*	*%*
Percentage of countries with at least 60% of service delivery points (SDPs) offering a minimum of 3 methods of contraception	57	81.4	40	87.0%
Percentage of countries with at least 80% of SDPs offering a minimum of 3 methods of contraception	48	68.6	32	69.6%
Percentage of countries with all SDPs offering a minimum of 3 methods of contraception	23	32.9	17	37.0%

Source UNFPA COAR 2007. [1]Sample of 70 countries reported data of 2005-2007. [2]Sample of 46 countries reported data of 2005-2007.

51. Family planning included in protocols for provision of post-partum and post-abortion care. Every year, an estimated 74,000 women die as the result of unsafe abortions and millions more suffer complications. About 90 per cent of global abortion-related deaths and disabilities could be avoided if women who wanted effective contraception had access to it. Of the 88 countries reported having protocols for provision of post partum care, 98 per cent included family planning in the protocol. UNFPA has provided support to increase national capacity to develop and update family planning protocols and integrate them within the health system, in many cases in partnership with WHO. In Zambia, UNFPA provided key contributions to the revision of family planning guidelines and protocols. In Georgia, UNFPA was one of the main partners providing support to develop and update the reproductive health service guidelines and protocols in line with internationally agreed standards.

52. Demand for family planning. According to the most recent DHS data, the demand for family planning is 63.4 per cent. Comparison of countries in which the last two DHS surveys were conducted shows that the demand for family planning increased slightly from 58.3 per cent to 63.8 per cent. Also, there was a noticeable increase in the demand for family planning among adolescent girls, from 40.5 per cent to 44.7 per cent. Examples of UNFPA initiatives include the following: in Osun state in Nigeria, practitioners of female genital cutting were re-trained as agents for family planning community-based distribution; and in Timor-Leste, UNFPA continued working with the Church to ensure support for reproductive health, family planning and adolescent reproductive health. There is a need to develop strategies to address the growing demand for contraception among young people, in addition to meeting the needs of married couples. The limited capacity to ensure an uninterrupted supply of contraceptives and the provision of quality services and counselling remain challenges. Stronger political commitment and effective community demand are needed to increase access to family planning.

Outcome 4: Demand, access to and utilization of quality HIV and STI prevention services, especially for woman, young people and other vulnerable groups including populations of humanitarian concern increased

53. Within the UNAIDS division of labour, UNFPA continued its focus on HIV prevention in women and girls, condom programming, and prevention for young people outside schools and other vulnerable groups. UNFPA also supported strengthening the linkages between reproductive health and HIV/AIDS, with 88 per cent of country offices reporting promoting such integration. The Fund's capacity to support countries was strengthened in 2007 through the placement of 100 additional national staff, supported by the UNAIDS unified budget and workplan, to specifically work on HIV/AIDS in 67 countries.

54. HIV prevention among young women and men. Of the 109 countries with national HIV/AIDS policies and strategies in place, 81 per cent reported inclusion of actions to address HIV issues among young people. Survey data from 64 countries indicate that 39 per cent of males and 36 per cent of females ages 15-24 had accurate and comprehensive knowledge about HIV and about how to avoid transmission. Although this represents an improvement, especially for females, over knowledge levels in 2005 – when 33 per cent of males and 20 per cent of females were found to have a basic knowledge of HIV – rates in 2007 are still much below the global goal of ensuring comprehensive HIV knowledge in 95 per cent of young people by 2010.

55. In 2007, UNFPA collaborated with partners to support HIV-prevention programming for young people. Globally, UNFPA led and coordinated the inter-agency task team on HIV and young people in the review and development of a more explicit division of labour on young people to improve coordination among co-sponsors at the country level. For example, in Botswana, UNFPA advocated for youth participation in the midterm review of the Botswana National Strategic Framework on HIV/AIDS, 2003-2009. In preparation for the review, the youth team conducted an assessment of the programme and provided recommendations. The youth team also offered its expertise during the review process. UNFPA provided support for the establishment of youth centres and the provision of youth-friendly services in several countries, including Burundi, Comoros, Djibouti, Georgia, Guinea-Bissau, Indonesia, Mozambique and Rwanda. In Moldova, UNFPA supported a joint initiative with UNICEF to scale up access to HIV information for young people in- and out-of-school. Also, seventy-one per cent of UNFPA country offices provided support to build national capacities to develop and/or revise national HIV/AIDS protocols and guidelines and to integrate them into health systems. Additionally, national capacity development in peer education was supported by several UNFPA country offices, including in Bangladesh, Kazakhstan, Kyrgyzstan and Tajikistan. The Y-peer youth education network pioneered by UNFPA extends across 39 countries and links over 200 community-based national and international organizations. Scaling up HIV programming for young people, particularly young women and girls, continues to be a challenge. In particular, the availability of data and monitoring and evaluation of programmes for young people need attention. Also, there is a need for coherent approaches by all partners, under strong national leadership.

56. Condom use at last high-risk sex: According to the United Nations MDG report 2007, in sub-Saharan Africa, 43 per cent of young men aged 15-24, and 28 per cent of young women aged 15-24, used condoms at last high-risk sex. The number of young men reporting increased use of condoms in last sex with a non-regular partner has increased in selected countries, including Cameroon, Malawi and the United Republic of Tanzania. However, in some countries, including Côte d'Ivoire and Rwanda, the percentage has declined. In ninety countries, UNFPA provided support to increase national capacity for condom programming. In 2007, UNFPA procured male condoms worth $17.8 million, and female

condoms worth $1.9 million, with the thematic trust fund providing $5.3 million for male condoms and $1.6 million for female condoms. In Zimbabwe, UNFPA supported the Government in operationalizing the national female condom strategy. In partnership with UNHCR, UNFPA provided reproductive health commodities for refugees and internally displaced persons (IDPs) in more than 25 conflict-affected countries.

57. HIV-prevention programming among most-at-risk populations. The coverage of basic prevention services for most-at-risk populations reported in 2007 was less than 20 per cent, including for sex workers. Scaling up HIV prevention programming for most-at-risk populations is a critical area of intervention. At country level, UNFPA supports a variety of programmes aimed at vulnerable or most-at-risk groups. UNFPA has been designated with the lead responsibility within the United Nations system on HIV and sex work. Sixty UNFPA offices reported contributing to increase the capacity of community-based organizations working with sex workers to address HIV risk and vulnerability. UNFPA supported prevention programmes targeting various most-at-risk populations in China, Côte d'Ivoire, Malaysia, Pacific Island countries, Peru, Rwanda, Sudan, Swaziland, Thailand and Zimbabwe. UNFPA provided support to the Mozambique National AIDS Council for the first subregional conference on HIV and sex work, opening a dialogue with neighbouring countries to develop comprehensive approaches to HIV prevention, treatment, care and support in the context of sex work. An example of scaling up comes from Timor-Leste, where UNFPA provided support to three national NGOs to work with most-at-risk groups and, subsequently, the Global Fund channelled resources through UNFPA to scale up these interventions.

58. With regard to scaling up HIV-prevention efforts in conflict/post-conflict settings, UNFPA continues working with other development partners – governments, UNAIDS, UNDP, Department of Peacekeeping Operations (DPKO), and international and local NGOs – to address HIV-prevention efforts among uniformed and demobilized personnel and the communities interacting with them. Examples of countries demonstrating progress in enlisting uniformed personnel and relief workers in the fight against HIV/AIDS include Côte d'Ivoire. Haiti, Lebanon, Liberia, Nepal, Sierra Leone and Uganda.

59. Integrating reproductive health and HIV/AIDS. Promoting the integration of sexual and reproductive health and HIV/AIDS in programming is an important area for UNFPA. The percentage of HIV-positive pregnant women who received anti-retroviral treatment to reduce the risk of mother-to-child transmission (PMTCT) was only 9.2 per cent in 2005 (in sub-Saharan Africa fewer than 6 per cent of pregnant women were offered services). UNAIDS reports that in 2006 less than 8 per cent of pregnant women were offered services to prevent mother-to-child-transmission.

60. Eighty-eight per cent of UNFPA country offices have reported promoting the integration of sexual and reproductive health and HIV/AIDS in programmes and health service delivery. Furthermore, 76 per cent of UNFPA-supported programmes have advocacy interventions for people living with HIV. In Mauritania, UNFPA, in collaboration with UNICEF, contributed to implementation of PMTCT in ante-natal care facilities. In Honduras, UNFPA provided support to integrate reproductive health (including family planning) and sexually transmitted infection (STI) services for persons living with HIV. In Uzbekistan, UNFPA supported the development of training materials and manuals to improve the voluntary counselling and testing referral system; PMTCT; and integration of HIV and STI into reproductive health services. Access to comprehensive PMTCT programmes continues to be very limited. In particular, the components of primary prevention of HIV/AIDS and provision of family planning services in PMTCT are virtually absent. The challenge is to increase access to comprehensive PMTCT services to pregnant women through effective collaboration with partners and strengthen reproductive health and HIV integration in programming and service delivery. While commitment to

integration of sexual and reproductive health and HIV prevention is increasing, ensuring functional linkages remains a challenge.

Outcome 5: Access of young people to sexual and reproductive health, HIV and gender-based violence prevention services and gender-sensitive life skills-based sexual and reproductive health education, improved as part of a holistic multisectoral approach to young people's development.

61. Essential service package for young people, including marginalized and excluded groups. Out of the 42 countries which provided data on availability of the essential health package, 38 reported that the package included information, education and counselling on adolescent sexual and reproductive health, maternal health services, family planning and contraceptive services. However, prevention, treatment and counselling for gender-based violence were included in only 60 per cent of the countries. Globally, UNFPA has spearheaded an inter-agency task force on adolescent girls, involving eight United Nations agencies, which aims to support governments in investing in adolescent girls as a strategy to reduce poverty, maternal mortality and morbidity, prevent child marriage and promote adolescent health, including sexual and reproductive health.

62. In 74 per cent of UNFPA-supported country programmes, technical support was provided to strengthen national capacity to implement monitor and evaluate the sexual and reproductive health components of the essential health package. In Ethiopia, UNFPA supported the evaluation of a targeted programme for adolescent girls, which reported that none of the adolescents had dropped out from the programme during the last 18 months. In Latin America, the UNFPA policy dialogue intervention with the Secretariat of the Ministries of Health of the Andean region has led to increased commitment to prevent adolescent pregnancies and the preparation of the adolescent pregnancies reduction plan in Bolivia, Colombia, Ecuador, Peru and Venezuela.

63. Secondary school curricula including gender-sensitive, life skills-based sexual and reproductive health. Of 70 countries with available data, 51 per cent reported that at least 60 per cent of the secondary schools had adopted a reproductive health curriculum. However, only in 21 countries was the curriculum available in all secondary schools. Seventy-eight per cent of UNFPA country offices reported an active role in policy dialogue to promote young people's access to gender-sensitive and life skills-based sexual and reproductive health education. Fifty-one per cent of UNFPA-supported programmes provided technical assistance to increase national capacities for human resource planning and gender-sensitivity training of teachers and school administrators. In Mongolia, UNFPA contributed to improving the access of young people to sexual and reproductive health education both in formal and informal sectors and supported a needs assessment survey of the formal health education programmes in secondary schools. Provision of sexual and reproductive health information and services to unmarried young people is a challenging area. Also, while effective models have been developed and piloted in relation to sexual and reproductive health/HIV services and life skills education, coverage remains an issue. There is a need to strengthen partnerships between the United Nations and other organizations to provide coordinated support for scaling up access to information and services for young people. Also, strategies to scale up evidence-based models are needed, as is costing data.

D. Gender equality

Goal 3: Gender equality advanced and women and young girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.

64. The UNFPA core mission in furthering sexual and reproductive health provides the Fund with a comparative advantage and niche in the area of advancing gender equality, poverty reduction and development. UNFPA is committed to working on gender issues with United Nations partners, including UNIFEM, UNDP, UNICEF and WHO. The Fund's *Strategic Framework on Gender Mainstreaming & Women's Empowerment, 2008-2011,* outlines UNFPA priority areas to target efforts and undertake institution-wide, systematic capacity development on gender equality programming. The priorities relate directly to the UNFPA strategic plan, 2008-2011. The specific focus continues to be on two dimensions: (a) promoting reproductive rights; and (b) addressing sexual and gender-based violence in the context of sexual and reproductive health, including in emergency and conflict situations. In 2007, UNFPA programme assistance in this focus area totalled $33.8 million.

Outcome 1: Gender equality and human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws.

65. Laws that incorporate reproductive rights of women and adolescent girls. Ensuring that the rights of women and adolescent girls, particularly their reproductive rights, are integrated into policies, development frameworks and laws at the national level, is a priority area for UNFPA support. Of 107 UNFPA country offices that provided information in this area, 76 per cent reported on countries incorporating reproductive rights of women and adolescent girls in national laws, including regarding emergency and post-emergency contexts.

66. In sub-Saharan Africa, UNFPA provided technical and financial support to several countries, including Comoros, Côte d'Ivoire, Mali and Rwanda to respond to governments' request for support in drafting or revising policies and laws to include reproductive rights aspects. UNFPA worked with other United Nations and national partners in Yemen to provide support to the Women's National Committee to integrate the issues of reproductive health and rights in the policies of different governmental sectors. In Indonesia, UNFPA partnered with government agencies and NGOs to support the integration of reproductive rights in the draft amendment of the Health and Population Law. However, though many countries have laws that protect the reproductive rights of women and girls, the implementation mechanisms are weak. Translating these laws into action at community and household levels requires increased attention.

67. Security Council resolution 1325. UNFPA actively participated in efforts across the globe to raise awareness and implement Security Council resolution 1325 on women, peace and security, including advocating for the inclusion of a gender perspective in interventions and processes in conflict and post-conflict settings. Seventeen out of the concerned 23 UNFPA country offices reported implementation of resolution 1325 in conflict and post-conflict situations. In Côte d'Ivoire, UNFPA contributed to awareness campaigns advocating for the extension of resolution 1325. In Lebanon, UNFPA supported advocacy with various stakeholders including peacekeeping forces, local NGOs, academics and the National Commission for Lebanese Women. UNFPA supported sensitization sessions with local politicians and male peacekeepers in promoting respect for women and girls of the

host communities. A continuing challenge is working with partners to create synergies and avoid duplication.

68. Reproductive rights in CEDAW and related protocols. Incorporation of reproductive rights in the country reports on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and related protocols increased from 79 per cent during 2004-2006 to 91 per cent in 2007. UNFPA is supporting national counterparts to promote women's rights and end discrimination against them. This includes advocating for adherence to CEDAW because although many states have ratified the Convention, implementation and enforcement remains a challenge. In 15 of the 21 countries which prepared the CEDAW report, UNFPA provided technical support for including analysis on sexual and reproductive health and rights. In Kenya, UNFPA supported national partners to develop tools for use by various stakeholders, including the government, for assessing CEDAW implementation, awareness and its impact on women in the rural areas. UNFPA also supported local civil society groups in the Bahamas and Kyrgyzstan by building their technical capacity to be able to advocate and promote implementation of CEDAW recommendations. From a methodological point of view, the emergence of women's concerns as a priority will require robust sex-disaggregated data and indicators to systematically and effectively measure progress of gender mainstreaming and the impact of resources mobilized for gender equality

Outcome 2: Gender equality, reproductive rights and empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices

69. Elimination of harmful practices including female genital mutilation/cutting. UNFPA promotes zero tolerance of all forms of violence against women, and using culturally sensitive approaches works for the eradication of harmful practices that are detrimental to women's well-being and health, including their reproductive and sexual health. Sixty-five out of 107 UNFPA country offices reported contributing to capacity-building and partnering with civil society groups, including faith-based organizations, for the promotion of women's rights and the elimination of harmful practices, including female genital mutilation/cutting (FGM/C).

70. UNFPA organized a consultation to share experiences and reflections on how to address the issue of female genital mutilation/cutting. Also, UNFPA and UNICEF launched a joint trust fund that aims at reducing FGM/C by 40 per cent in 17 countries by the year 2015. In Kenya, UNFPA supported the Ministry of Gender in conducting a situation analysis to assess the impact of past and ongoing activities and also co-hosted a national symposium for Islamic leaders to discuss FGM/C. Awareness-raising on FGM/C was conducted in Egypt, where UNFPA supported the National Council for Childhood and Motherhood in outreach and communication activities. UNFPA played a critical role in organizing a symposium on sex ratio imbalance at the Fourth Asia and the Pacific Conference on Reproductive and Sexual Health and Rights. UNFPA sponsored studies highlighting the most promising approaches being undertaken to reduce son preference and sex selection in China, India, Nepal, and Viet Nam. In Pakistan, UNFPA focused on promoting healthier behaviours and eliminating harmful practices by engaging faith-based schools and working with the Ministry of Education to integrate population issues in the school curriculum for grades 9-12. In Ethiopia, UNFPA supported community-based interventions to prevent harmful practices, including child marriage. Helping the communities initiate change is a challenge that is being addressed through working with community leaders and supporting government efforts, including the provision of information and education.

71. Men as partners in sexual and reproductive health. Recognizing men's role and influence over women's decision-making related to reproductive health, UNFPA-supported programmes have targeted different groups of men, ranging from soldiers to religious leaders, and sought to involve them in such efforts as HIV prevention and greater male involvement in family life. Overall, 71 per cent of UNFPA country offices reported contributing to eliminating harmful practices and promoting male participation in the areas of gender equality and reproductive health and rights, including the development of good practices and models for effective male participation in sexual and reproductive health and rights programming.

72. UNFPA partnered with WHO and Brazil's Instituto Promundo to develop a toolkit on good practices for engaging men and boys on the issues of sexual and reproductive health, maternal and child health, fatherhood, HIV prevention and reducing gender-based violence. In Botswana, UNFPA supported the male involvement project, which raised awareness among men on the importance of their role in maternal health and building healthy families. In Ukraine, UNFPA focused on capacity-building of local NGOs to develop and implement programmes on male involvement. In the Syrian Arab Republic and Kazakhstan, UNFPA supported awareness-raising initiatives and workshops which promoted the importance of men's presence in family life, including shared parenting. Many initiatives in the Latin America and Caribbean region promoted the idea that women cannot live a life free of violence without the cooperation and participation of men. In Uruguay, UNFPA helped organize the first march of men against domestic violence. In Mexico, UNFPA supported the drafting of training materials to encourage male engagement, particularly for preventing gender-based violence. A key challenge is to scale up the initiatives and integrate them into programmes and capacity development strategies.

73. Culturally sensitive approaches -- working with stakeholders, faith-based organizations and indigenous communities. Collaboration and partnerships between UNFPA and local stakeholders and institutions, including traditional leaders and faith-based and religious organizations have proved instrumental in creating local ownership of the ICPD Programme of Action. Numerous UNFPA country offices reported partnerships with religious groups to promote sexual and reproductive health and gender issues. At the global level, UNFPA strengthened its dialogue with the United Nations Permanent Forum on Indigenous Issues to improve programming. UNFPA also continued to work with indigenous communities throughout the Latin America and Caribbean region. For example, in Ecuador, UNFPA supported the development of a national statistics commission for indigenous people; and in Bolivia, Guatemala and Panama, technical assistance was provided to indigenous communities and networks for strengthening access to sexual and reproductive health services.

74. UNFPA supported the Africa Regional Faith-based Forum, which brought together religious leaders from various faiths, to strengthen partnerships and provide a platform for networking on the issues of HIV prevention and gender-based violence. In Afghanistan, UNFPA supported the national ministry of religious affairs in conducting workshops which targeted men and adolescent boys in several provinces and villages to inculcate mutual respect for both sexes. In several countries, UNFPA worked with uniformed personnel to provide men with information, education and services on family life and family planning. Traditional gender norms and practices including discrimination, son preference, early marriage, gender-based violence and exclusion from political, social, and economic participation continue to persist in many countries. There is a need to strengthen partnerships with faith-based and other community-based organizations in addressing these issues and in ensuring the promotion of human rights and application of culturally sensitive approaches.

Outcome 3: Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect the reproductive rights of women and adolescent girls, including the right to be free from violence.

75. Reproductive rights in national human rights protection systems. One of the ways in which UNFPA provides support to national counterparts is through contributions to protect reproductive rights in policy and legislation. UNFPA works closely with parliamentarians and supports advocacy efforts to realize the reproductive rights set forth in the ICPD Programme of Action. Fifty per cent of UNFPA country offices reported significant contributions to supporting national counterparts in promoting the formulation of special interventions to integrate reproductive rights into the existing national human rights protection systems. In the Democratic Republic of the Congo, UNFPA worked with the Government to strengthen protection of reproductive rights and response to gender-based violence. In Madagascar, UNFPA provided support for revising discriminatory texts against women, including those related to marriage laws; and increasing access to psychosocial and legal services for the survivors of gender-based violence. In Venezuela, UNFPA supported the ombudsman in research on gender-based violence and on how sexual and reproductive rights, particularly those of adolescents, were addressed in primary health care facilities at the national level.

76. Civil society partnerships promoting reproductive health and rights, gender equality. Eighty-four per cent of UNFPA country offices reported supporting civil society partnerships. In sub-Saharan African countries, such as Burundi and Swaziland, one of the primary objectives was to strengthen the civil society sector in order to enhance human rights protection systems and mechanisms, while raising awareness among communities on ending harmful practices. In Indonesia, UNFPA supported grassroots organizations in promoting implementation of the domestic violence law, while increasing their capacity to engage women in participatory planning. In Bosnia and Herzegovina and Djibouti, UNFPA provided support for promoting a participatory process and mechanisms for involving civil society in protecting the reproductive rights of women and girls. For effective protection of the reproductive rights of women and girls, the human rights protection systems in countries around the world need to be strengthened. Civil society will continue to be a key partner in these efforts.

Outcome 4: Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations.

77. Prevention and response to gender-based violence. Gender-based violence (GBV) directly affects sexual and reproductive health outcomes, and consequently affects socio-economic development. In 73 per cent of the countries with UNFPA-supported programmes, the Fund promoted the availability of, and access to, support services (health, psychosocial, security, legal) for the survivors of GBV. As seen in table 5, less than 20 per cent of countries were reported to have access to GBV services. Overall, 82 UNFPA country offices reported contributing to the promotion of mechanisms to monitor and reduce GBV, while promoting the enforcement of laws against GBV.

78. At the global level, UNFPA continued to support the International Center for Research on Women in the implementation of a costing model in pilot countries. Additionally, as the co-conveners of the Task Force on Violence against Women (of the United Nations Inter-Agency Network on Women and

Gender Equality), UNFPA and the Division for the Advancement of Women developed a joint programme for prevention and response to violence against women in 10 pilot countries.

Table 5. Access of gender-based violence (GBV) survivors to support services (including health, psychosocial, security and legal support)

	% of countries
Qualified health-service providers for screening, care and referrals for GBV survivors	18.3%
Comprehensive and appropriate psychosocial support programmes for GBV survivors	11.3%
Police officers and other security/law enforcement agents are trained and able to respond appropriately to GBV survivors' needs	11.3%

Source: UNFPA COAR 2007. Sample of 115 countries reporting data

79. In the area of GBV, examples of UNFPA country-level support include collaboration with other United Nations agencies in the Central African Republic to strengthen GBV legislation through the extension of the law on the protection of women and girls. In the Lao People's Democratic Republic, UNFPA advocated with policymakers and the National Commission for the Advancement of Women for the development of a comprehensive approach to address GBV. UNFPA worked with the Egyptian Centre for Women's Rights in conducting an awareness-raising campaign on GBV. In Morocco, UNFPA supported activities involving youth in awareness-raising and GBV-prevention efforts. At the district and local levels in Romania, UNFPA supported activities of the local GBV coordination groups, the development of local action plans and the implementation of a model for integrated GBV services. However, in many countries existing laws are inadequate to address many forms of GBV, especially domestic violence. Implementation and enforcement mechanisms for laws are weak as GBV is often perceived to be a private/family matter. Thus, to tackle gender-based violence, programmatic responses need to be multisectoral and involve health providers, policymakers and community and religious leaders.

80. Strengthening the health sector to respond to gender-based violence. Using sexual and reproductive health services as a key entry point to prevent and respond to GBV, is an opportunity which UNFPA recognizes. However, access to qualified health-service providers for screening, care and referrals for GBV survivors is limited. UNFPA country offices reported that 65 per cent of countries have included GBV in pre- and in-service training of health service providers. For example, in Mozambique, support was provided to a programme which trained medical staff and other service providers such as the police and social workers, as well as community leaders in preventing and responding to GBV. In Lebanon, UNFPA initiated a review and updating of existing health quality assurance norms and tools to include GBV response.

81. As regards GBV response in emergencies, UNFPA has been tasked with coordinating GBV in humanitarian settings under the Protection Cluster. In the Democratic Republic of the Congo, UNFPA coordinated the national framework for action to address GBV. At the global level, and building on the momentum of the 2006 Brussels Call to Action, UNFPA led a coalition of United Nations agencies for the United Nations Action against Sexual Violence in Conflict. UNFPA partnered with the International Centre for Reproductive Health at Ghent University, in Belgium, for a two-week training course on coordination of GBV interventions in emergencies. UNFPA partnered with the International Rescue

Committee and UNHCR to develop and pilot-test a GBV information management system in humanitarian contexts. In Haiti, UNFPA provided support for integration of the gender component in the planning of conflict resolution centres in the armed conflict victims' recovery programme. In Sudan, UNFPA has been coordinating inter-agency efforts to provide support to victims of GBV and implement GBV prevention programmes in Darfur.

82. Accountability and resource tracking issues as they relate to gender equality continue to pose challenges to development efforts. Financing in the area of gender equality remains a difficult issue. Furthermore, while legislation aimed at improving the lives of women and girls exists in many countries, inadequate implementation and enforcement of the laws hold back women's empowerment. In the humanitarian sphere, UNFPA is increasingly being challenged to assume a position to coordinate interventions on gender-based violence in emergencies. This provides both unique opportunities and challenges for the Fund. Proper coordination of this issue, that often engages a wide range of United Nations and other actors, is vital to ensuring that survivors receive adequate care, and that prevention efforts are varied, appropriate and far-reaching.

IV. MANAGEMENT RESULTS FRAMEWORK

83. The management results framework (MRF) of the UNFPA strategic plan, 2008-2011, has been used to align all organizational units of the Fund. This section of the report analyses progress achieved and challenges encountered in the context of the nine management outputs of the MRF. Though 2007 reporting has been aligned to the MRF, since the new plan period is 2008-2011, the progress reported here is confined to 2007.

A. Managing for results

84. **MRF output 1: Increased results-based management effectiveness and efficiency.** The year 2007 marked the development and adoption of the UNFPA strategic plan, 2008-2011; the global and regional programme; the revised resource allocation system; and the Fund's new organizational structure. The Fund's results-based biennial support budget, 2008-2009, aligns UNFPA resources with the management results of the strategic plan. A set of 55 indicators has been defined to measure key activities contributing to these results.

85. Seventy-six per cent of country offices reported midterm and/or annual reviews of their office management plan (OMP); and 37 per cent of the OMPs were reported to have been monitored by the Fund's geographical divisions. Headquarters units reported better use of OMPs, with 100 per cent of the units having regular OMP reviews and achieving more than 75 per cent of the OMP outputs. However, the full use of the OMP as a unit management tool has not yet reached the desired level. In the context of the results-based budget, UNFPA introduced the new OMP format to link the management results with unit level outputs to strengthen use of OMPs to achieve results. The staff contributions would be costed and linked to the results at the unit and global levels. It is envisaged that the online application will support planning and budgeting across the organization and enable better measurement, tracking and analysis in terms of management efficiency and effectiveness.

86. In 2007, a 100 per cent annual reporting target for country offices was achieved. As part of UNFPA commitment to improve the quality of self-assessed annual reporting data, the Fund will include verification of the annual report data in selected countries as part of the country audit exercise. Also, in 2008, a partner survey is planned to obtain feedback from key partners on UNFPA performance. With regard to the initiative of the United Nations Secretariat on a climate neutral United Nations, UNFPA has

produced a report on greening UNFPA and introduced several measures to green UNFPA during 2007. This will entail the development of comprehensive digital/electronic systems for filing, records management and archiving to largely replace the traditional hard copy filing and archiving systems. Since 2005, UNFPA has been actively using its official electronic document and publication repository, DocuShare, an Internet-based collection of UNFPA operational documents and substantive publications archived for permanent retention.

87. To enhance the efficiency of recruitment, UNFPA launched an e-Recruit Atlas project, which enables the Fund to manage staff recruitment using a more efficient approach and to bring in a larger pool of qualified applicants. To increase its overall efficiency and provide more resources for programming, UNFPA has reduced the share of the biennial support budget (BSB) from 23 per cent in the previous biennium to 20.6 per cent in the current one. At headquarters level, UNFPA monitored its achievement of the annual priorities and targets. During the year, progress was tracked by the Fund's Executive Committee using the balanced scorecard. UNFPA has also restructured its programme and management committees and envisions a new way of working to enhance effectiveness and efficiency under the reorganized structure.

88. Efforts have been made to build staff capacity in managing for results (see table 6) and UNFPA staff members have benefited from results-based management (RBM) training events. A comprehensive training programme on RBM and programming for staff has been identified for the new plan period.

Table 6. Proportion of country offices that benefited from results-based management training events

Training offered by:	% of country offices that benefited from the training
UNFPA headquarters (including geographical divisions)	60%
United Nations country team, including UNFPA country office	77%
United Nations Staff College in Turin	10%
Non-United Nations training institution	18%
Self-learning by accessing UNFPA and UNDG resources	50%

Source: 2007 UNFPA COAR;
Sample of 103 (86%) UNFPA country offices that benefited from RBM training events

89. **MRF output 2: Ensured results-oriented high-quality UNFPA programme delivery at the country, regional and global levels.** This output accounts for the major share of resources invested by UNFPA in supporting programme delivery at all levels (41 per cent of 2008-2009 BSB resources have been allocated to this output). In 2007, UNFPA initiated an exercise to align UNFPA country programmes with the new strategic plan. This was supported by the restructured Atlas programme management module. Lessons learned have been identified through evaluations and oversight country assessments. One area requiring critical attention is the lack of baseline data and this is being addressed under the new strategic plan. As can be seen from table 7, the indicator for country offices with baseline data for at least 75 per cent of output indicators has increased only slightly, from 36 per cent in 2006 to 38 per cent in 2007. The 2007 evaluation of the intercountry programme noted that the programme had paid insufficient attention to applying RBM, including the existing monitoring and evaluation procedures.

90. The lessons learned from the intercountry programme evaluation have been taken into account in developing the new global and regional programme. New programming guidelines and RBM standards were developed to strengthen programme design, management, monitoring and evaluation. Based on the recommendations of the MYFF assessment, UNFPA also strengthened knowledge sharing during the

year. Staff use of UNFPA knowledge assets, which were developed to support the outcomes of MYFF, 2004-2007, increased to 683 staff members in 126 countries.

Table 7. Select indicators of results-based quality programming

Figures for 105 country offices with country programmes, reporting data in 2007	2006	2007
Proportion of country offices with a country programme that have baseline data for at least 75 per cent of its output indicators	35%	38%
Proportion of country offices with a country programme that have implemented at least 75 per cent of its field visit monitoring plans [a]	66%	61%
Proportion of country offices with new country programmes that used all three strategic programming tools for formulation of their programmes [b]	44%	78%

[a] Overall, 84 per cent country offices had a field visit monitoring plan in 2007.
[b] The tools are : causality analysis, analysis of risks and assumptions, and the chain of results

91. UNFPA geographical divisions reported stepping up their programmatic support to country offices during 2007. The common types of support provided included technical contribution to the programming process (64 per cent); strategic guidance on the common country assessment/United Nations Development Assistance Framework (UNDAF) and country programme formulation and implementation (56 per cent); coordination of inputs from other headquarters divisions for improved quality of programming; and support to the United Nations country team (40 per cent). Table 8 provides a summary of the country office ratings for the support provided by the headquarters geographical divisions.

Table 8. Country offices' assessment of the overall support by the geographical divisions

Aspects of the support by geographical divisions:	Excellent	Good	Satisfactory	Poor	No data
Relevance of support	21%	55%	21%	1%	2.8%
Quality of support	17%	58%	22%	1%	1.9%
Timeliness of support	19%	42%	32%	5%	2.8%
Impact upon overall quality of country programme and programme delivery	17%	47%	33%	1%	2.8%

Source: 2007 UNFPA COAR; Sample of 107 countries with a UNFPA-supported country programme.

92. A number of important aspects of UNFPA support to improve programme management and accountability in the context of national execution will need to be addressed during the 2008-2011 plan cycle. UNFPA has been working to reduce carry-forward of programme resources and to ensure that resources are spent in accordance with the annual work plans. UNFPA will work to maintain the carry-forward below 10 per cent of approved ceilings. Though the proportion of countries using strategic planning tools for country programme formulation increased to 78 per cent of new country programmes using all three tools, compared to 44 per cent in 2006 (see table 7), there is a need to ensure nearly universal use. It is expected that the new organizational structure with regional offices will significantly contribute to enhancing the Fund's capacity for quality programming and increased results orientation, as well as efficiency.

93. **MRF output 3. UNFPA maintains motivated and capable staff.** Investing in staff capacity and motivation is among the Fund's top priorities. The Fund also has mechanisms to protect staff rights, such as the rebuttal panel and ombudsmen. Two global staff surveys, conducted in 2004 and 2006, provide trends in relation to MRF output 3. Most UNFPA staff members are satisfied with their work and the work environment. Over 75 per cent of staff report overall satisfaction with their work and 86 per cent indicate that they feel motivated to work to make UNFPA successful. As regards the perception of the adequacy of security arrangements in the work environment, there was an increase from 71 per cent in 2004 to 81 per cent in 2006.

94. In 2007, the UNFPA global staff meeting brought together about 350 staff from all levels/categories from all UNFPA country offices and headquarters units to discuss successes and concerns, identify lessons learned and share good practices and facilitate a Fund-wide common understanding for aligning and operationalizing the new strategic plan and organizational structure.

95. With reference to investment in learning and training activities, UNFPA continued its distance-learning programme in all three focus areas of the strategic plan. A record number of staff (772) successfully completed a distance-learning course in 2007. UNFPA conducted the training of all its representatives, deputy representatives and assistant representatives, operations managers, and other staff on a broad range of subjects related to UNFPA operations. In addition, UNFPA made it a requirement for all staff to complete mandatory training on basic and advanced security in the field; harassment in the workplace; and HIV/AIDS in the workplace. Moreover, senior and middle-level managers, as well as finance associates and operations managers attended an ethics and anti-fraud learning programme. The average number of training days per staff increased from 2.77 in 2006 to 3.92 in 2007.

Table 9. Selected indicators for the output on maintaining motivated and capable staff

Figures for country offices with country programmes	2006	2007
Total training staff-days	4,362	6,478
Proportion of country offices with a country programme reporting that national professional staff completed at least 75 per cent of activities in their annual staff development plan	55%	71%

96. The vacancy rate and recruitment time are two major issues UNFPA is addressing. For international staff, the average recruitment time is between five to six months, from vacancy closing to a provisional offer to the selected candidate. UNFPA is working to reduce the average recruitment time to four months. The Fund's reorganization will pose an additional challenge to timely staffing of vacant posts during 2008-2009.

B. Partnerships

97. **MRF output 4: Effective partnerships that protect and advance the ICPD agenda to be maintained and expanded.** Comparative advantage and a clear division of responsibilities underpin UNFPA strategic partnerships. Strategic partnerships are critical for UNFPA to coordinate and leverage the necessary support to advance the implementation of national, regional and global priorities in line with the ICPD agenda. During 2007, UNFPA conducted an internal assessment of its main partners who do not receive UNFPA funding. The results showed that 95 per cent of the partners were rated by UNFPA as being effective, and of these, 38 per cent were rated as being very effective.

98. Among the key partnerships that UNFPA was involved in during the year was the International Health Partnership to advance the health MDGs. UNFPA actively contributed to United Nations action to prevent gender-based violence in conflict settings; and in partnership with 10 United Nations agencies to eliminate female genital mutilation/cutting. Partnerships focusing on the 2010 round of population censuses; parliamentarians; and reproductive health commodity security have been illustrated in the sections above. UNFPA has also partnered with regional institutions such as the European Commission and the African Union. UNFPA partnerships with various agencies remained strong in various forums, including the United Nations System Chief Executives Board for Coordination (CEB) and its High-level Committees, of which the High-level Committee on Management (HLCM) is chaired by Executive Director of UNFPA. UNFPA, as active co-sponsor of UNAIDS, also contributed to the follow-up on the Global Task Team (GTT) recommendations. As noted in the report (DP/2007/50-DP/FPA/2007/22) presented to the Executive Board in September 2007, an independent assessment of progress in implementing the GTT recommendations highlighted several challenges that exist and are being addressed with regard to strengthening implementation in the areas of the division of labour, joint United Nations teams and joint programmes of support on AIDS.

99. In 2007, UNFPA continued collaboration with networks of such partners as women's institutions, youth organizations, parliamentarians, human rights institutions, the judicial system, faith-based and community organizations and the private sector. Ninety-eight programme countries reported civil society partnerships promoting the inclusion of reproductive health, gender equality, women's and girls' empowerment and reproductive rights in human rights protection systems. In many countries, UNFPA chaired theme groups on HIV/AIDS; gender; and data collection. The theme groups include UNICEF, UNDP, WHO, the World Bank and others. UNFPA also participated in other theme groups such as on poverty reduction strategies. Some countries reported innovative partnerships, for example, in Jamaica partnerships were initiated with football coaches to promote sexual and reproductive health among male youth, given the popularity of football in the country. Overall, in the area of partnerships the challenge is to strengthen ownership of the ICPD agenda, particularly at subnational and community levels. An innovative approach focusing on interest group analysis was piloted with selected country offices to increase community ownership of the ICPD agenda. In 2008, such approaches will be mainstreamed throughout the organization for effective programme implementation.

C. United Nations reform

100. **MRF output 5: Ensured leadership role of UNFPA and active participation in the United Nations reform.** UNFPA leadership and active participation in United Nations reform has been guided by the recommendations of the TCPR. UNFPA played a critical role in United Nations reform and system-wide coherence, including in the integration of the United Nations Development Group (UNDG) within the Chief Executives Board architecture. As the chair of the High-level Committee on Management, the Executive Director of UNFPA steered the development of a plan to harmonize business practices for the United Nations system.

Table 10. Annual UNDAF and country programme review[a]

	2006	2007
Country programme review was conducted as part of UNDAF review	13%	22%
Country programme review and UNDAF reviews were conducted separately	15%	12%
Review was conducted for the country programme only	29%	27%

Source: 2007 UNFPA COAR; Sample of 107 UNFPA programme countries. 2006 sample comprised 100 countries

[a] Note: The table lists select questions only. Therefore the sum of the percentages is less than 100 per cent.

101. In almost all the programme countries where UNDAFs exist, UNFPA participated actively in the UNDAF process, taking the lead with regard to outcomes related to the Fund's focus areas. Country offices have reported only a small improvement in terms of conducting country programme reviews as part of the UNDAF review. As can be seen from the table 10, only 22 per cent of country offices reported an annual country programme review as part of the UNDAF review. However, in many countries the development of the UNDAF was reported to lead to an increase in joint programming in UNFPA priority areas of HIV/AIDS, gender-based violence, reproductive and maternal health, youth, census and data collection. The number of active joint programmes with United Nations agencies increased from 116 in 2006 to 143 in 2007. UNFPA reported programming jointly with UNDP, UNICEF, UNHCR, Office for the Coordination of Humanitarian Affairs (OCHA) and DPKO to support humanitarian response and post-conflict recovery. Of the 143 active joint programmes, UNFPA led on 45 and jointly managed another 17 programmes. For example, in the United Republic of Tanzania, UNFPA supported six joint programmes on gender responsiveness within the framework of the Joint Assistance Strategy for Tanzania,.

102. In the eight pilot countries participating in the United Nations "Delivering as One" initiative launched in 2007, UNFPA country offices reported success in integrating the ICPD agenda in the "One Programme" across the broad spectrum of assistance -- something that had been difficult to achieve effectively in previous agency-specific programming processes. Furthermore, increased dialogue with finance ministries provided new opportunities to advocate for the implementation of the ICPD Programme of Action. The immediate challenges for country offices are limited human resources, time and funds to adequately participate in all the negotiations and joint programming processes. The UNFPA biennial support budget, 2008-2009, will help to address these challenges by allocating more posts at the field level.

D. Accountability and oversight

103. **MRF output 6: Improved accountability for achieving results at all levels.** Accountability continued to be the cornerstone of UNFPA management in 2007. UNFPA developed an accountability framework that delineates its accountability for implementing the strategic plan, 2008-2011, as well as for reporting to the Executive Board. In decision 2007/40 on the strategic plan, the Board took note of the UNFPA accountability framework and the Fund's commitment to further strengthen its monitoring and reporting.

104. UNFPA updated and strengthened use of its systems and tools to ensure staff accountability for results, including the office management plan, the staff performance appraisal and development (PAD) system, and the balanced scorecard, as well as the annual reporting system. Efforts to improve accountability through compliance with the PAD resulted in 91 per cent of the staff completing their 2007 PAD in a timely manner. In 2008, the new Atlas programme management module will help improve accountability for programme performance. UNFPA is committed to ensure universal use of these systems by all units and staff members.

105. With reference to global evaluation and oversight, UNFPA initiated two global thematic evaluations in 2007 on contribution to aid effectiveness through SWAps; and joint programming. The minimum evaluation standards to guide UNFPA management have been drafted. Through the United Nations Evaluation Group (UNEG), a common United Nations evaluation training programme and methodologies for evaluating gender equality and human rights were developed. The UNFPA evaluation policy will be developed in 2008.

106. UNFPA has implemented a series of important actions to prevent fraud. Some key initiatives included agency-wide fraud risk assessment, diagnostic surveys and anti-fraud and ethical training workshops. Another important step was the development by all UNFPA units of the fraud risk management plan, including risk mitigation strategies. Such plans were developed following the conduct of ethics and anti-fraud workshops for 476 UNFPA staff members across all the regions and for representatives of all headquarters units. The UNFPA Ethics Office was established in early 2008 and will promote and enhance the coherence and operational independence of the administration of ethics-related issues. UNFPA completed 17 audit and oversight missions to high-risk units in 2007. UNFPA introduced a more user-friendly audit data system, giving greater access to country offices and headquarters.

107. In the area of accountability and oversight, one of the major challenges is to strengthen capacity for national execution in the framework of country programmes. In 2007, for the first time, UNFPA submitted a written management response to the Executive Board on the report on UNPFA internal audit and oversight activities in 2006. The UNFPA management response updates the Board on the efforts undertaken and/or planned to address key internal audit and oversight issues.

E. Sustainability and stewardship of resources

108. **MRF output 7: Ensured sustainable resources for UNFPA.** . The year 2007 was a year of robust financial health for UNFPA. The Fund registered a record high of 182 donors, up from 180 donors in 2006, including all countries in sub-Saharan Africa. In 2007, total regular resources rose to $457.1 million (the highest total in the Fund's history), up from $389.3 million in 2006. The substantive increase was due to larger contributions from 12 major donors and favourable exchange rates. Total co-financing contributions also reached a record high, rising from $ 173.2 million in 2006 to about $ 258.2 million in 2007 (see table 11). Resource mobilization at the country level has been facilitated, among others, by the special toolkit that was launched in 2007. All indicators show that UNFPA has been able to achieve and surpass the annual targets set for 2007 with regard to MRF output 7.

Table 11 Resource mobilization: lead indicators of the managing-for-results framework

	2006	2007
Total regular resources (including interest and other income)	$389.3 million	$457.1 million
Total co-financing resources (including interest and other income)	$173.2 million	$258.2 million
Number of countries that contribute to UNFPA regular and other resources	180	182

109. UNFPA is aware of the risk associated with increasing income levels and increased expectations in terms of the delivery of results in a timely manner. In light of this, UNFPA is focusing attention on improved capacity for programme delivery. This will be facilitated by strengthened country office capacity and by the Fund's reorganized structure. An area of concern for UNFPA is that only a few major donors provide multi-year pledges. This creates risks for UNFPA programming, given the unpredictability of resources and income fluctuations. The US dollar value of multi-year pledges received in the amount of $38.2 million was just 9.1 per cent of total value of pledges in 2007. In line with the TCPR recommendations, UNFPA will further refine strategies for mobilizing core resources in the context of the new strategic plan priority areas.

110. **MRF output 8: Improved stewardship of resources under UNFPA management**. At the global level, UNFPA strengthened its internal mechanisms for timely allocation and distribution of programme and BSB resources. The Fund's resource distribution allocations are based on the new resource allocation system approved by the Executive Board in 2007 (decision 2007/42). In 2007, the causes of under-expenditure were analysed and strategies to address them were identified, including based on information obtained through a survey of selected country offices.

111. UNFPA management has made a concerted effort to ensure timely and efficient spending of resources through regular follow-up and improved expenditure planning. The financial statements for the year ended 31 December 2006 were completed on time. A revised internal control framework was issued to incorporate changes in procedures and processes. For the first time, a 100 per cent certification was received from country offices providing complete asset information for the financial year closing. The International Organization of Standardization (ISO) certification of UNFPA procurement processes and procedures was a significant milestone achieved in 2007. In addition to the positive gains already achieved through use of Atlas, the introduction of the International Public Sector Accounting Standards (IPSAS) will have a significant impact on improving stewardship and efficient spending in UNFPA. This will require the advance planning and timely execution of expenditures.

F. Strengthening field focus

112. **MRF output 9: UNFPA will have become a stronger field-focused organization**. Increased field focus is one of the top UNFPA priorities. The Fund is using a mix of strategies to achieve this output. The package of measures includes: reorganization of the UNFPA structure to provide integrated programmatic and technical support to country offices from the regional and global levels; an increase in the number of posts in the field and enhanced competency profiles for the posts; and timely and continuous support to field offices from all headquarters units.

113. UNFPA has collected feedback on the relevance, quality and timeliness of support to country offices by the Fund's geographical divisions. Innovative approaches have been piloted by UNFPA to improve the quality and timeliness of support to country offices. For example, the Fund's Asia and the Pacific Division established an online client services system which provides "one-stop-shop" support to country offices. The complexity of the Fund's reorganization will pose a major challenge during 2008-2009 in terms of timely programme implementation and business continuity. This is being addressed as outlined in the next section.

V. OPERATIONALIZING THE NEW ORGANIZATIONAL STRUCTURE

114. To operationalize the Fund's new organizational structure, approved by the Executive Board in decision 2007/43, UNFPA has developed a detailed implementation master plan with clearly defined roles and responsibilities. Detailed work package charters have been added to the master plan to ensure smooth implementation and business continuity during the transition period. UNFPA has also formulated a communication strategy and a human resources strategy to ensure that the human dimension of change is dealt with in an appropriate manner. A reorganization steering committee has been put in place to monitor the implementation process. An agreed staff separation programme has been concluded. UNFPA has also started reviewing business processes and procedures to ensure efficient functioning of the organization in the new structure.

115. The new structure is being operationalized in a phased manner. In accordance with the plan, regional and subregional offices will be established during the second half of 2008 in Africa, Asia and the Pacific and Latin America and the Caribbean regions. The Technical Division and Programme Division will be established at headquarters in 2008. Region-specific business continuity plans are being finalized and will be incorporated in the office management plans to ensure the availability of programmatic and technical support to country offices during the transition.

VI. INTEGRATED FINANCIAL RESOURCES FRAMEWORK

116. The overall resources expended in the three UNFPA focus areas of population and development, reproductive health and rights, and gender equality as reported for 2007 are indicated in the table below. The Statistical and financial review, 2007 (DP/FPA/2008/5 (Part I, Add.1), an addendum to the present report, provides details of UNFPA income and expenditure in 2007, including expenditure by programme areas, region and country classification group.

Table 12.UNFPA Assistance by MYFF Outcomes*

	Regular Resources $ millions			Other Resources $ millions		
	2005	**2006**	**2007**	**2005**	**2006**	**2007**
Reproductive health						
(i) Policy environment promotes reproductive health and rights	23.2	22.5	26.1	9.8	7.8	9.1
(ii) Access to comprehensive reproductive health services is increased	105.4	108.3	103.3	100.8	102.3	118.7
(iii) Demand for reproductive health is strengthened	15.4	17.3	17.2	6.2	7.3	7.2
Population and development						
(iv) Utilization of age- and sex-disaggregated population-related data is improved	14.7	16.3	27.7	25.4	13.7	39.3
(v) National, sub national and sectoral policies, plans and strategies take into account population and development linkages	35.2	34.6	24.5	4.3	6.1	17.4
Gender equality and women's empowerment						
(vi) Institutional mechanisms and sociocultural practices promote and protect the rights of women and girls and advance gender equity	12.2	15.9	20.8	4.3	6.9	13.0
Programme coordination and assistance	28.2	30.8	54.0	1.7	1.9	(0.6)
Total**	234.3	245.7	273.6	152.6	146.0	204.2

** All data used throughout these tables are provisional. Totals may not add up due to rounding. For the full MYFF matrix delineating UNFPA goals, outcomes, indicators and strategies, see annex 1 of DP/FPA/2005/7 (Part I).*

***Totals may not add up due to rounding.*

VII. RECOMMENDATION

117. **The Executive Board may wish to take note of the documents that make up the Report of the Executive Director 2007, DP/FPA/2008/5 (Part I), DP/FPA/2008/5 (Part I, Add.1) and DP/2008/23/Add.1 - DP/FPA/2008/5 (Part II); and of the progress on alignment of UNFPA programming to the strategic plan, 2008-2011.**

ANNEX
UNFPA country office support to national capacity development in 2007

Strategic plan outcome number	SUPPORT TO NATIONAL CAPACITY DEVELOPMENT REPORTED BY UNFPA COUNTRY OFFICES (COs) IN 2007	% of COs n=107
Population and development		
1.1	Technical support to strengthen national capacity for the incorporation of population dynamics, reproductive health, HIV/AIDS and/or gender issues and related indicators in national development plans (including PRSPs)	89.7%
	Technical support to strengthen national capacity for formulation of specific interventions and /or programmes in reproductive health, HIV/AIDS and gender	86.9%
	Building capacity of civil society groups to advocate for the incorporation of population dynamics, reproductive health, HIV/AIDS and gender priorities in national development plans (including PRSPs)	80.4%
1.2	Building capacity of youth for involvement in policy development, monitoring and evaluation	74.8%
	Building the capacity of international and national partners to addresses young people's sexual and reproductive health needs in emergency preparedness, crisis response and recovery situations	24.1%
1.3	Technical support to strengthen national statistical capacities	89.7%
	Building technical capacity of national counterparts to use data, indicators and targets in decision-making and monitoring	93.5%
1.4	Building capacity of civil society groups to advocate for including emerging population issues in planning	57.0%
Reproductive health		
2.1	Technical support to strengthen national capacity to implement, monitor and evaluate the sexual and reproductive health components of the essential package, and the coverage of young people, including marginalized and excluded groups	73.6%
	Building capacity of, and partnering with, civil society groups for proper health sector monitoring and evaluation	64.7%
	Building national partnerships to effectively develop/implement multipartite reproductive health commodity security coordination mechanisms	85.0%
2.2	Technical support to improve national capacity to provide the continuum of quality maternal health care, through services for family planning, skilled attendance at birth and emergency obstetric care	93.5%
	Technical support to improve national capacity to manage the complications of unsafe abortion and provide quality post-abortion care	59.8%
	Technical support to improve national capacity to treat obstetric fistula	39.3%
2.3	Support to strengthen national capacity to expand the range of contraceptive methods and promote new methods	92.5%
	Support to strengthen national capacity to develop/update family planning protocols/guidelines and integrate them within the heath system	86.9%
	Support to improve capacity of service providers to deliver quality, comprehensive family planning counselling, including HIV/AIDS prevention	91.6%
2.4	Support to strengthen national capacity for condom programming	84.1%
	Support to strengthen national capacity to develop/update HIV/AIDS protocols/guidelines and integrate them within the heath system	72.0%
	Building the capacity of, networks involving women, young people, sex workers and people living with HIV	83.2%

2.5	Technical assistance to increase national capacity to develop/update gender-sensitive sexual and reproductive health school curricula	58.9%
	Technical assistance for increasing national capacity for human resource planning and gender-sensitivity training of teachers and school administrators	50.5%
	Technical assistance to increase national capacity to monitor and evaluate sexual and reproductive health education in schools	37.4%
Gender equality		
3.1	Support to strengthen national capacity to implement/enforce policies and laws to guarantee reproductive rights.	72.9%
	Building capacity of, and partnering with, civil society groups including faith-based organizations for the promotion of women's rights and elimination of harmful practices, including female genital mutilation/cutting	60.7%
3.3	Building capacity of civil society groups to advocate for reproductive rights and gender equality	84.1%
3.4	Technical support to ensure effective design of gender-based violence related mechanisms	74.8%
	Technical support to ensure effective design and implementation of gender-based violence information management systems	40.2%